

CLAIMS ONLY

Application Number

10657570

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2	X						52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11	X						61					
12							62					
13							63					
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15							65					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	1						Total Indep					
Total Depend	3						Total Depend					
Total Claims	9						Total Claims					